

APPLICATION FOR PAWNBROKER'S LICENSE

NAME OF BUSINESS:	
MAILING ADDRESS:	
BUSINESS ADDRESS:	
BUSINESS TELEPHONE:	
CITY OF SANDPOINT BUSINESS LICENSE NO:	
NAME OF APPLICANT:	
(If more than one applicant, each must complete a separate application.)	
APPLICANT'S DOB:	SS #:
U.S. CITIZEN? YES NO	
HAS APPLICANT EVER BEEN ARRESTED? YE IF YES, PLEASE EXPLAIN CIRCUMSTANCES:	ES NO
BUSINESS REFERENCES (FIRST TIME APPLICANTS ONLY):	
NAME:	
ADDRESS:	
NAME:	FRONE NO
ADDRESS:	
BRIEFET EXFLAIN THE TIFE OF BOSINESS TOO INTEND TO CONDUCT.	
DO YOU INTEND TO BUY / SELL FIREARMS?	YES NO
APPLICANT'S SIGNATURE	
DATE:	
DATE FEE PAID CASH CHECK # (Fee is \$100 per establishment.)	CARD RECEIPT #
APPROVED: YES NO	
DATE:	

Sandpoint City Hall 1123 Lake St. Sandpoint, ID 83864 (208) 263-3158